

UNCLASSIFIED

STATEMENT BY

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Chairman Levin, Senator McCain, and distinguished members of the Committee, thank you for the opportunity to discuss the total transformation the Army is undergoing in the way we care for Soldiers and Families. We are committed to getting this right and providing a level of care and support to our Warriors and Families that is equal to the quality of their service.

Secretary Geren eloquently expresses this transformation in his testimony. The Secretary, the Chief of Staff of the Army, and the rest of the Army leadership are all actively involved with every stage of the Army Medical Action Plan (AMAP) and the transformation it embodies. Senior Army leadership has made it very clear that they are in lock step with the following statement by Secretary of Defense Gates, "Apart from the war itself, this department and I have no higher priority."

What I would like to highlight for you today are some of the tangible impacts of the transformed system explained by Secretary Geren. In doing this, I would first point out that, in some aspects, the concerns reported at Walter Reed Army Medical Center (WRAMC) were an unintended consequence of the extraordinary success of modern battlefield medicine. Thanks to improvements such as the Joint Theater Trauma system, state of the art evacuation system and improved body armor, over ninety percent of those wounded in Iraq and Afghanistan survive, making this the highest survival rate in the history of warfare. As a result, there are many more wounded soldiers with complex injuries struggling to recover than in any previous war. In today's highly motivated All-Volunteer Army, this translates to an unprecedented number of Soldiers determined to rejoin their units or to transition back to their communities as proud and productive veterans.

At WRAMC, where Soldiers are able to participate in the center's state-of-the-art rehabilitation programs, the result has been a population of outpatients six times greater than this premier medical center was designed to handle. To tap this extraordinary determination, the framers of the AMAP realized the need to provide injured Soldiers a mission of their own: to heal fully enough to transition back to duty or become a productive, responsible citizen in society. As a result, WRAMC and Army Medicine have been reorganized to better enable Soldiers and their Families to accomplish this goal.

The changes have made a lasting imprint on wounded Soldiers and their Families throughout this Nation. According to Major Steven Gventer, a Soldier wounded in Iraq by a rocket propelled grenade (RPG) round who is currently commanding one of the companies that make up the Warrior Transition Brigade at Walter Reed, the changes brought about as part of the AMAP "...did a great service to Soldiers. We have done everything possible for these Soldiers and are continuing to get better every day."

There are now more than 2,400 individuals assigned as cadre to the 35 Warrior Transition Units compared to less than 400 as previously organized. These cadres are trained specifically for this mission and they truly know the wounded, ill, and injured Soldiers and Families for whom they provide care and support. They escort troops to meetings, act as their advocates, field their calls, and even pick up relatives at the airport. As Major Gventer puts it, "It's a job that entails just about anything and everything that allows the Warrior in Transition to focus on his or her mission, which is to heal."

Most telling as to the progress we have made are observations like those of Army Captain Elvind Forseth, who suffered hand, arm, and eye damage when a roadside bomb hit his HMMWV in Mosul on January 4, 2005 and has been recovering since at Walter Reed. CPT Forseth states he has seen great changes, "It's fantastic. This is the first time in a long time that I didn't absolutely hate being in here." CPT Forseth, 34, has submitted his paperwork for medical retirement and says the process is running smoothly.

Staff Sergeant Michael Thornton is assigned to the Warrior Transition Battalion at Fort Sam Houston, Texas. While serving with the 4th Infantry Division near Baghdad in September of 2006, he sustained burns over 33 percent of his body when the vehicle he was traveling in hit a roadside bomb. He was transferred to what was then the Medical Hold Company to convalesce. In June 2007, the company to which he was assigned became a Warrior Transition Unit as the AMAP was implemented. Staff Sergeant Thornton states that, since then "Things flow more efficiently. It seems more organized. It's good to have dedicated leadership who handle just our issues. In the past, some wounded Soldiers were also serving as squad leaders at the Medical Hold Company.

They had appointments too, so it's better to have dedicated leadership. This is the best place I've seen in the Army. We've got great docs and so many people who care about us. I've seen issues like a pay problem I had that was resolved with their help the same day. They go out of their way to take care of you and they're good at it."

It has also been meaningful to see how the civilian health care community views the changes that we have made. One expert assessment was recently made by William H. Craig, a civilian health care executive with 17 years experience who currently serves as Vice-President of Clinical Support for Cook Children's Medical Center in Fort Worth, Texas. Mr. Craig spent a week with the Warrior Transition Brigade at WRAMC, viewing firsthand how the Army has improved the transition process for outpatient Soldiers and to see if the Army's way might have application in the civilian health care world. Mr. Craig's observations include:

"From a professional standpoint, I was most impressed with the Army's organizational and leadership efforts through the Warrior Transition Brigade. The Army has taken a process-based approach to managing Soldiers from the time they arrive at Walter Reed until they leave to return to duty or to civilian life. The Army developed a system through the Warrior Transition Brigade that incorporates both daily people-management needs and medical care needs of the soldier into an organizational structure that brings significant improvement to the transition process. It is impressive to see an organization like the Army, which I have always perceived to be very command and control oriented in leadership style, actually be adaptive in its leadership style and incorporate a flexible approach based on the needs of this wounded Soldier population."

Mr. Craig continues that, "While my experience in the healthcare industry has shown we do a good job of case managing on the inpatient side, it seems to me our systems for outpatient case management are not as well developed as the Army's. When assessing the needs of their wounded Soldier population, the Army developed a concept I believe complements the medical resources of an organization like Walter Reed and effectively meets the Soldier's outpatient case management needs. This is referred to as the Triad of Care and incorporates three disciplines critical to managing the outpatient process once the soldier is discharged from inpatient status."

Mr. Craig concludes with, "My week at Walter Reed with the Warrior Transition Brigade proved a point I have experienced many times in my career: if you give an organization the right level of resources combined with the right people to lead and execute, it can accomplish many great things."

I can think of no more fitting way to conclude my remarks than with this endorsement from such a respected member of the civilian health care community. The AMAP is the right response at the right time and in the right place for Army Medicine and the United States Army. We see the positive impact of these changes every day as we encounter Soldiers and Families on the wards and in our clinics. It can be very rewarding to see the progress and growth.

It can also be very frustrating when, despite all of our efforts, we have bad outcomes. We continue to face challenges that require blunt honesty, continuous self-assessment, humility, and the ability to listen to those in need. It is the Army's unwavering commitment to never leave a Soldier behind on a battlefield nor lost in a bureaucracy. The changes initiated by the AMAP are transformational because they address the new requirements and costs of sustaining an All-Volunteer Force in an era of persistent conflict.

I want to ensure the Congress that the Army Medical Department's (AMEDD) highest priority is caring for our wounded, ill, and injured Warriors and their Families. I am proud of the AMEDD's efforts over the last 12 months and I am convinced that in coordination with the Department of Defense, the Department of Veterans Affairs, and Congress, we have "turned the corner" toward establishing an integrated, overlapping system of treatment, support, and leadership that is significantly enhancing the care of our Warriors and Families. Thank you for holding this hearing and thank you for your continued support of the AMEDD and the Warriors that we are honored to serve. I look forward to your questions.